

EXHIBIT A

OFFICIAL NEW YORK STATE PRESCRIPTION

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AGNIESZKA ANNA GLIWA MD

LIC: 222668

NPI: 1487649919

934 MANHATTAN AVENUE BROOKLYN, NY 11222 (718) 389-8585

PRACTITIONER DEA NUMBER

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Patient Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Age _____ Sex

M	F
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Rx

Prevent medication errors. Please see back of prescription.

Prescriber Signature X

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MAXIMUM DAILY DOSE
(controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'claw' IN THE BOX BELOW

REFILLS

☐ None

Refills: _____

0QN1VZ 59

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

LJakacki_016691PHARMACIST
TEST AREA:

Dispense As Written

Standard Register

SECURE DOCUMENT

Prescribers--prevent medical errors!
 Complete box below for treatment
 category.
 Questions, please call the NYS
 Official Prescription
 Program at 866-811-7957 (Option 2)

	Cardiovascular	
	Gastrointestinal	
	Antibiotic/ Anti-Infective	
	Pain/ Inflammation	
	Cough/Cold	
	Respiratory	
	Central Nervous System	
	Genital/ Urology	
	Endocrine	
	Other	
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